

REQUEST FOR APPROVAL

Please consider this to be our request for approval to train VA eligible persons.

Employer: _____

Address: _____

City: _____ **County** _____ **Texas Zip** _____

Contact Person (Name): _____

Phone #: () _____

Fax #: () _____

E-Mail Address: _____

Is this an On-the-Job Training program (is training a MINIMUM of 6 months – 2 years)? Yes or No

Is this an Apprenticeship program? Yes or No If “yes”, are you a registered apprenticeship? Yes or No

Occupations to be considered for approval:

Signature of Authorized Official

Date

COMPLETE, SIGN, AND MAIL OR FAX TO:

Veterans Education

Texas Veterans Commission

P. O. Box 12277

Austin, Texas 78711-2277

Fax #: (512) 463-3932

For office use only: Region: Austin, HQ

Referral made by: